

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Robert WALbrook

13 CV 4266

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

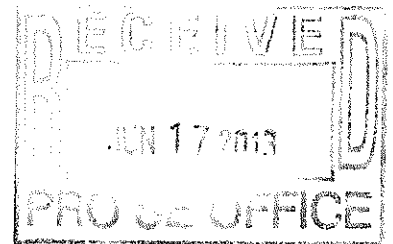
Sergeant Robert Reilly, Shield # 653
Court Officer Brian BRAVELS # 3296

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)



I. Parties in this complaint:

A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Robert WALbrook
ID # 441.12.10613/NYSID 07682357 J
Current Institution George R. Vienna Center
Address 09-09 HAZEN STREET
East Elmhurst, New York 11370

B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Sergeant Robert Reilly Shield # 653
Where Currently Employed 125-01 Queens Blvd (Queens Criminal Court)
Address 125-01 Queens Boulevard
Kew Gardens, New York 11415-1568

Defendant No. 2 Name Court officer Brian Barveis Shield # 3296
 Where Currently Employed 125-01 Queens Blvd (Queens Criminal Court)
 Address 125-01 Queens Boulevard
New Garden, New York 11415-1568

Defendant No. 3 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 4 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 5 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?
Queens Criminal Court, 125-01 Queens Boulevard,
New Garden, New York 11415-1568

B. Where in the institution did the events giving rise to your claim(s) occur?
Q.D.C. Ap i+2 ground level

C. What date and approximate time did the events giving rise to your claim(s) occur?
October 25, 2012. 1230 pm.

D. Facts: AS I was being release to go home - on October 25, 2012 upon exiting the court to return back to the holding pen. So I could be finger printed out of the system. I respectfully requested paperwork from my lawyer. I was told by Sergeant Robert Reilly and Court officer Brian Bravell "Just shut the fuck up and keep walking. Your going home today. You don't need no paperwork." When I turn around to address the Coment, I was push by Sergeant Robert Reilly and Court officer Brian Bravell. Because I was handcuff with my hands behind my back, I had no balance. So I fell forward across a chair. I was then Kick, and stomp on a few times by Sergeant Robert Reilly and Court officer Brian Bravell. Also, Correctional officer Sakeisha Pollard #17167 and, Correctional officer Laverne Reeder #13087 was involved. Also, I was being Choked. The entire assault upon inmate by Correctional officers and Court officers - Took place on the floor. I am not sure if anyone else saw what happened.

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. My injuries are as followed: Neck pains, lower back pains and headaches. And Mentally, I think the Officers are plotting to hurt me again. I was trowing up blood - Because of the Incident. Also, I am "still" being prescribe many diffrent "Pain" Medications. My ribs was fracture and a bone in my neck was also fracture

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ~~XXXX~~ No ☒

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

- B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes _____ No _____ Do Not Know ☒

- C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes _____ No _____ Do Not Know ☒

If YES, which claim(s)? _____

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes _____ No ☒

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☒ No _____

- E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

A.M.K.C. 18-18 HAZEN STREET, East Elmhurst, New York, 11370

1. Which claim(s) in this complaint did you grieve? My grievance consist of the "same" body of words I stated on page #3 (a). AS FACTS.

2. What was the result, if any? There was no response from the grievance ~~Committee~~ Committee

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. I address a letter to the Warden of the Jail. Explaining my grievance in great detail. Also, notifying the Inspector General (tracking number 12-12-806.) And, also address my grievance issue to the Central Office Review Committee. (CORC)

- F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

2. If you did not file a grievance but informed any officials of your claim, state who you

when and how, and their response, if any: _____

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. Under tracking number 12-12-806, Referring to the complaint I made to the Inspector General, which was on: October 26, 2012. My case was later transferred - To the department of corrections investigation unit on: November 5, 2012.
- _____
- _____
- _____

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). I want the courts to have my criminal case dismissed. Also, I am seeking in monetary compensation, Four million, Five hundred thousand dollars (4.5 million) The basis for such amount... I am in the line of construction work. I am 35 years old. With 30 more years of work in the field of construction, At one hundred thousand dollars a year, for the next 30 years, will add up to three million dollars (3 million). The other one million, Five hundred thousand (1.5 million) is for being arrested illegally. And by being place in a central Punitive Segregation unit (C.P.S.U.) Because of my illegal arrest, I am now suffering from injuries and emotional injuries. On top of my physical injuries. By being placed in C.P.S.U. puts me at a disadvantage - Where I can not receive the proper medical attention I need for my injuries.

VI. Previous lawsuits:

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes _____ No ☒

On
these
claims

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ____ No ☒

On
other
claims

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 13 day of June, 2013.

Signature of Plaintiff

Robert Walbrook

Inmate Number

441.12.10613/NYSid:07692357 J

Institution Address

09-09. HAZENst (E.G.V.C.)
East Elmhurst, N.Y. 11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 13 day of June, 2013, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Robert Walbrook